Welcome to the Coverage Ambassadors Webinar! We will begin shortly.

¡Bienvenidos al Seminario Web de Embajadores de la Cobertura! Comenzaremos en breve.

Chat and Q&A

Closed captioning - Select the three dots, Language and Speech, Turn on Live Captions.

All participants are muted during the meeting.

Camera access and chat feature is not available.

Use the Q&A button to submit questions.

Announcements

Medi-Cal Changes

Medi-Cal Resources

Medi-Cal Changes Toolkit

Coverage Ambassador Webpage

Become a Coverage Ambassador

Contact us:

Email: ambassadors@dhcs.ca.gov

Why This Matters

- Federal and state changes to Medi-Cal threaten coverage and access to care for millions of Californians.
- These changes require a robust outreach effort to help members understand what is changing and what actions they need to take, by when, and how.
- In response, DHCS and its partners have launched a **coordinated, statewide communications campaign** to support members through these transitions.

Outreach Strategy

- The campaign includes multilingual, plain-language toolkits; web and social content; paid and ethnic media; and text and email outreach.
- This work is complemented by a **trusted messenger strategy** that activates Coverage Ambassadors, Community Health Workers Navigators, and other community partners.
- This strategy includes training, curriculum development, and coordination of statewide trusted messenger networks.
- We will keep you informed as we activate this network, hold additional trainings, and share resources.

Coverage Ambassador Webinar

DHCS
CALIFORNIA DEPARTMENT OF
HEALTH CARE SERVICES

September 2026

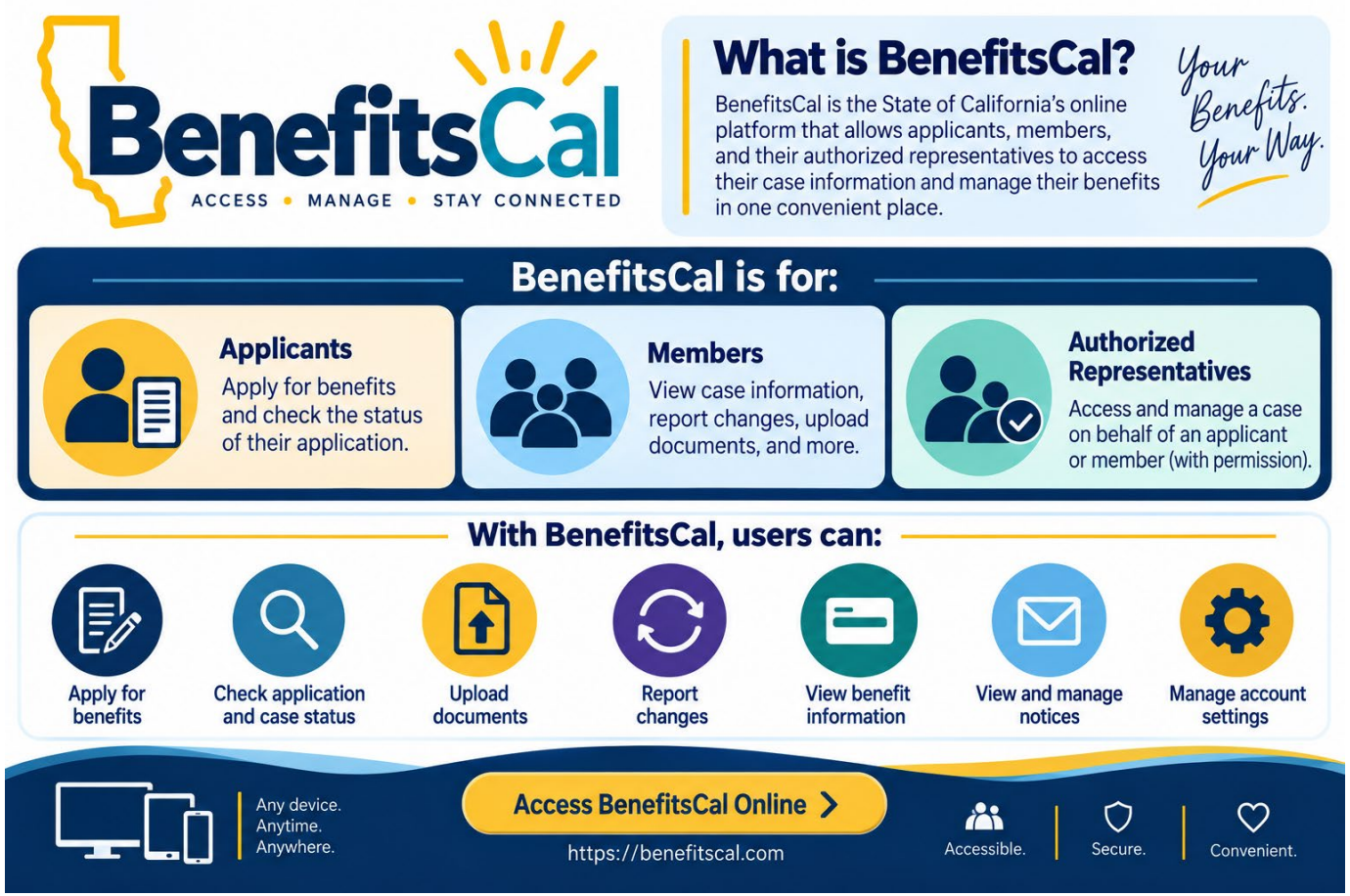
Six-Month Medi-Cal Renewals: Understanding Who Is Impacted and When

Alison Brown, Section Chief, Medi-Cal Eligibility Division
Theresa Hasbrouck, Branch Chief, Medi-Cal Eligibility Division

DHCS

BenefitsCal Resources

- BenefitsCal
- BenefitsCal FAQs
- BenefitsCal How-To Videos
- BenefitsCal Community Based Organizations (CBO) Accounts



Training Objectives

- Identify individuals subject to six-month renewals.
- Identify individuals who remain on a 12-month renewal cycle.
- Understand when current members transition to six-month renewals.
- Apply these concepts within your role.

As a Coverage Ambassador, you play a critical role in helping members understand and navigate six-month renewals.

What Renewals Look Like Today

1. Counties reassess eligibility every 12 months
2. Automated and manual ex parte review
3. Prepopulated renewal form sent to members (if applicable)
4. 30-day timeframe for members to verify additional information (if required)
5. Two reminder letters sent
6. Timely notice when there is a change or member fails to complete the renewal
7. 90-Day Cure period

Six-Month Renewals: What's Changing?

- Beginning January 1, 2027, certain Medi-Cal members will renew their eligibility every six months.
- The change applies to the **New Adult Group**.
- Other Medi-Cal coverage groups continue 12-month renewals.

Who Are New Adult Group Members?

New Adult Group

The MAGI New Adult Group refers to adults covered through the Affordable Care Act Medi-Cal expansion. Individuals in this group **generally meet all the following criteria:**

- Ages 19 to 64
- Income below 138% of the Federal Poverty Level, approximately:
  - $22,025 for an individual
  - $45,540 for a family of four
- Not pregnant or within the 12-month postpartum period
- Not enrolled in, or entitled to, Medicare Part A or B
- Not eligible under any other Medi-Cal coverage group

Monthly Income Thresholds

To fall within the New Adult Group category, monthly income must not exceed:

- Household of 1: $1,836
- Household of 2: $2,490
- Household of 3: $3,143
- Household of 4: $3,795

Income-Based Exception for Caretakers

Parents, guardians, and caretakers of children under 19 are not included in the New Adult Group if monthly income is below:

- Household of 2: $1,967
- Household of 3: $2,482
- Household of 4: $2,998

Income limits shown are for 2026; income limits are updated annually.

Who Remains on a Twelve-Month Renewal

- Children under 19
- Adults age 65 and older
- Pregnant individuals
- Former foster youth under age 26
- Individuals eligible through disability-based pathways
- Individuals eligible for Medicare (Part A or B) or enrolled in Medicare
- Individuals in other Medi-Cal coverage groups based on eligibility

Six-Month vs. Twelve-Month Renewal

Six-Month

- Applies to members in the new adult group.
- Renewal frequency is every 6 months.
- Ex parte review is always the first step.
- If eligibility cannot be renewed through ex parte, a renewal packet is sent.

Twelve-Month

- Applies to members in all other coverage groups.
- Renewal frequency is every 12 months.
- Ex parte review is always the first step.
- If eligibility cannot be renewed through ex parte, a renewal packet is sent.

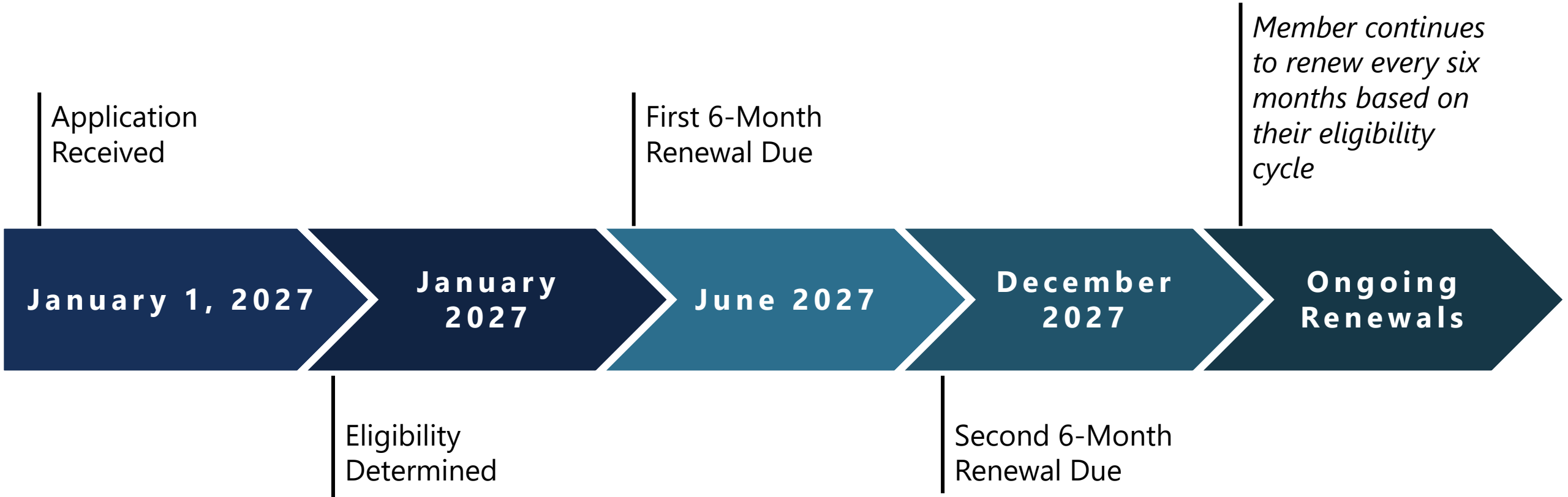
Important: The Core Renewal Protections Remain.

Members receive required notices, have an opportunity to provide information, and counties determine ongoing eligibility.

When Do Six-Month Renewals Begin?

- Implementation begins January 1, 2027, for new applicants.
- For current members, the transition will begin with renewals due in March 2027.
- Six-month renewal timing follows the member’s eligibility cycle.
- Members do not all transition at the same time.
- Initial six-month renewals occur according to the established implementation schedule.

New Applicant Implementation Timeline



New Applicant Six-Month Timeline Example

JAN 2027

Application Month/First Month of Eligibility

APR 2027

1st Ex Parte Review Initiated

JUN 2027

1st Six-Month Renewal Due

OCT 2027

2nd Ex Parte Review Initiated

DEC 2027

2nd Six-Month Renewal Due

Transition for Existing Members

- Current member (already enrolled on January 1, 2027)
- Continues existing eligibility cycle (no immediate change to their renewal cycle)
- Next scheduled renewal occurs based on member's current renewal date
- Coverage group determined at renewal:
  - New Adult Group (Six-Month Renewal) OR
  - Other Coverage Group (Twelve-Month Renewal)

Existing Member Implementation Timeline

January 1, 2027

Implementation Begins

No immediate change for existing members

May 2027

Annual Renewal Due

County determines eligibility and coverage group

November 2027

First Six-Month Renewal

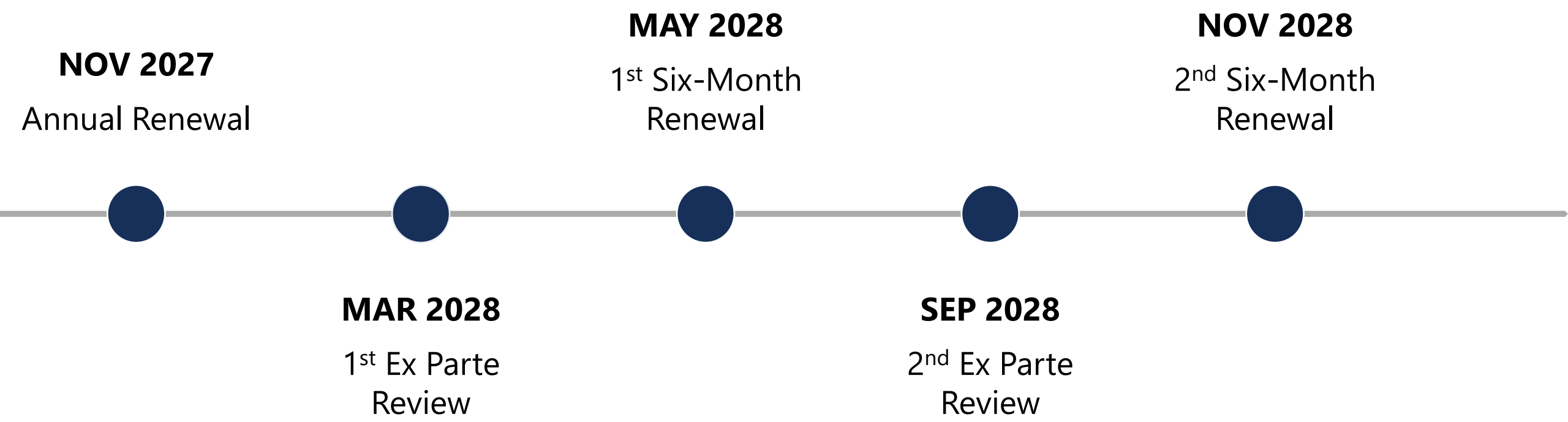
If member is found to be in **MAGI New Adult Group**

May 2028

Next Annual Renewal

If member is in **another coverage group**

Existing Member Six-Month Timeline Example



Updated MAGI Medi-Cal Renewal Form (MC 216)

Updated Renewal Form

- Reducing the length of the form by removing duplicative or unnecessary questions.
- Reorganizing content to move more commonly reported changes sections first.
- Addition of changes or no changes checkbox on signature page.
- Addition of no income affidavit section.
- Addition of displaying and collecting information for individuals experiencing homelessness.
- Addition of Work and Community Engagement Section.

Pre-Populated Sections of the MC 216

- What this updated renewal form does:
  - Verifies income, household, tax info, work rules, expenses, and other eligibility factors.
  - Pre-populates known information from county records.
- Member must complete:
  - Review each section and make corrections, if applicable.
  - Attach proof where required.
  - Sign and date the Review & Signature page.
  - Submit everything by the due date.

Pre-Populated Sections

1. Cover Page
2. Contact Information
3. Income
4. Household Members
5. Tax Information
6. Work and Community Engagement Requirements
7. Expense and Deductions

Cover Page

It's time to renew benefits for:

Name	Date of birth	Action Needed
[Recipient name: first, middle, last, and suffix]	[month/day/year]	[pending verification]

Household members not listed above or without a renewal packet don't need to renew. Their information may appear here if it affects your Medi-Cal eligibility, like income.

We need more information about your [pending verification].
Please review this form, tell us about any changes, and include proof when required to complete your renewal. See the **Appendix** at the end of this packet for more information.

- → **Step 1.** Read the form starting on the next page and make updates as needed.
- → **Step 2.** Sign and date on the Review and Signature page (*next page*).
- → **Step 3.** Give us the form with proof (when required) by the due date of **[Month day, Year]**

Contact Information

Your contact information

It is important to make sure your contact information is current: address, phone number, and e-mail (if applicable) so we can reach you about your Medi-Cal coverage.

Note: *Up-to-date cell phone numbers and email addresses also helps us to send you renewal reminders.*

↓ **Review your information**	↓ **Update or add new information below**
☐ I do not have stable housing ☐ I have stable housing [Prepopulated Checkbox If Applicable]	☐ I do not have stable housing or may lose my housing *(This includes couch surfing; living outside; in a shelter; shed; garage; car, RV, or other vehicle; and more.)* ☐ I have stable housing now
Name [First, Middle, Last]	Name (first, middle, last)
Home address [Address, City, State, Zip]	Home address *(if applicable)* Apartment # City State ZIP code
Mailing address [Address, City, State, Zip]	Mailing address *(If different from home address or you do not have a home address)* City State ZIP code
Phone [prepopulate]	Phone *(if applicable)* Home ___–___–_____ Cell ___–___–_____ Work ___–___–_____ Other ___–___–_____
Email [prepopulate]	Email (optional):
Language to write to you in [prepopulate]	Language we should write to you in:
Language to speak to you in [prepopulate]	Language we should speak to you in:
If this information is correct, move to the next page >>	Best way to contact you: ☐ Email ☐ Phone ☐ Mail

Income

Income

If you need to add more people or information in any of the sections, please write it on a separate sheet of paper (or you can make a copy of the page) and send it with your renewal form.

Review your income information.

Review your household's income information that we use to determine your eligibility. If this informatic is not correct or has ended, please make changes on this page and the next page.

For more information on income, see **Appendix A**.

Name	**Source of income**	**Income before taxes or deductions** *(Federal taxable income)*	**How often?** *(annually, monthly, every 2 weeks, twice a month, weekly, daily, or hourly)*	**If this income has ended,** give the date of the last time you got this income.
[First, middle, last]	[prepopulate]	[$XX,XXX.XX]	[prepopulate]	____ / ____ / ____

If you reported income that ended or changed, please tell us more below to help us complete your renewal. For example: if you are no longer working or changed jobs.
Also, report all new and changed income on the next page. >>

No Income Declaration *(Proof of No Income)*

If you or your household currently has no income, we still need you to confirm. Please initial next to the statement that applies and sign below. It will count as proof of having no income.

If you complete the section below and have no income to report, you can skip the next page.>>

Household Members

Household members

We need information about you and every member of your household. We also need to know about any major life changes that may affect your eligibility. You can add someone new on the next page.

For more information on who you should include, see **Appendix A**.

Review your current household member information.

Name	Relation to [case holder's name]	Address
[First, middle, last]	[prepopulate]	[Address, City, State, Zip code]
[First, middle, last]	[prepopulate]	[Address, City, State, Zip code]

Tax Information

Tax information

Tell us about changes to your tax information to update your case. The primary taxpayer is the person listed first on the tax return and on this table.

For help on this section, see **Appendix A.**

Review your tax information.

Name	Does this person plan to file a federal tax return?	Does this person expect to be required to file taxes?	What is this person's tax filing status?	If a tax dependent, this person is claimed by:
Primary Tax Filer [First, middle, last]	[prepopulate]	[prepopulate]	[prepopulate]	[prepopulate]
[First, middle, last]	[prepopulate]	[prepopulate]	[prepopulate]	[prepopulate]

Update or add new tax information.

Include anyone new you have added to your household below. If you do not have updates, please go to the next page.

Has your **primary tax filer** changed? This information is listed above. If **yes**, fill out below:
(This is the person listed first on the tax return.)

Work and Community Engagement Rules

Work and Community Engagement Activities: Review and Update

If you or another adult in your household is not exempt from the work and community engagement rules, please report any work or community activities below.

Name	**Activity Status** *[checkboxes prepopulated]*	**If you have changes or new activities**, please mark all that apply and tell us the date they started:
[First, middle, last]	☐ Work or work program ☐ Employment training program ☐ Student (half or full-time) ☐ Community services or volunteer work at: *Name of place this person volunteers at:* _____	☐ Work or work program *Date Started:* _____ /_____ /_____ ☐ Employment training program *Date Started:* _____ /_____ /_____ ☐ Student (half or full-time) *Date Started:* _____ /_____ /_____ ☐ Community service or volunteer work *Date Started:* _____ /_____ /_____ *Name of place this person volunteers at:* _____ ☐ None of these apply *(skip hours section below)*
	☐ **Check this box if this activity has ended** *Tell us more:*	**Total Hours per Month**: *(All activities combined)* _____

Expense and Deductions

Expenses and deductions

Reporting **tax-related** expenses and deductions that you pay may lower the income Medi-Cal uses to determine your eligibility. Examples of most common expenses and deductions:

- Self-employment expenses
- Student loan interest
- IRA contributions
- Alimony paid

Review and update your expenses and deduction information.

Name	Type of expense or deduction	Amount	How often? (monthly, quarterly, annually)	If this expense has stopped, give the date it ended so we can check your future Medi-Cal eligibility.
[First, middle, last]	[prepopulate]	$XX.XX	[prepopulate]	____ / ____ /____
[First, middle, last]	[prepopulate]	$XX.XX	[prepopulate]	____ / ____ /____

What This Means for Coverage Ambassadors

What You Can Do

Recognize

Explain

Reinforce

Reduce

Support

Refer

Recognize When Six-Month Renewals May Apply

- Listen for questions about renewal timing or frequency.
- Recognize that six-month renewals apply to the New Adult Group.
- Know that other coverage groups generally remain on twelve-month renewals.
- Do not determine the member's coverage group or eligibility.

Explain the Policy at a High Level

- Some Medi-Cal members renew every six months.
- Other members continue to renew every 12 months.
- Renewal frequency is based on the member’s coverage group.
- Current members transition at their scheduled renewal.
- Keep explanations simple, clear, and consistent.

Reinforce the Importance of Responding

- Encourage members to review all Medi-Cal notices.
- Respond when information is requested.
- Return requested information by the due date.
- Keep contact information current.
- Do not assume receiving a renewal request means the member is ineligible.

Reduce Confusion

- Not everyone is moving to six-month renewals.
- Six-month renewals are tied to the New Adult Group.
- Current members do not all transition on January 1, 2027.
- A six-month renewal does not automatically mean loss of coverage.
- Use approved information and resources.

Support Continuity of Coverage

- Help members understand what action is needed.
- Encourage timely responses.
- Connect members with available resources.
- Reinforce the importance of completing the renewal process.
- Help members take the next appropriate step.

Know When to Refer

Provide general information when the member asks about:

- What six-month renewals are
- Who may be subject to them
- General implementation timing

Refer for case-specific questions about:

- Individual eligibility or coverage group
- A specific renewal date
- Information requested by the county
- Eligibility decisions or case actions

Examples

Example 1:
“Why am I renewing again?”

- **Member Question:** “I just renewed my Medi-Cal six months ago. Why am I getting another renewal?”
- **Key Points to Explain:**
  - Some Medi-Cal members now renew every six months depending on their coverage group.
  - Others will continue renewing every 12 months.
- **Encourage Action:** Review the renewal packet and respond by the due date if any information is requested.
- **When to Refer:** Direct members to their local county for questions about their renewal date, coverage group, or eligibility.
- **Key Takeaway:** Provide general information, encourage timely action, and refer members to the county for case-specific questions.

Example 2:
“Does this mean I’m losing Medi-Cal?”

- **Member Question:** “I received a renewal packet. Does that mean they’re terminating my Medi-Cal?”
- **Key Points to Explain:**
  - Receiving a renewal packet does not mean loss of coverage.
  - It usually means the county needs more information to complete the renewal.
- **Encourage Action:** Read the renewal notice carefully and return any requested information by the due date.
- **Reinforce:** Completing the renewal prevents gaps in coverage and keeps benefits active.
- **When to Refer:** Direct members to their local county for questions about eligibility, coverage group, or renewal dates.
- **Key Takeaway:** Reassure, encourage timely action, and refer when questions relate to the member’s specific case.

Example 3:
“When is my renewal?”

- **Member’s Question:** “Can you tell me whether I’m on a six-month renewal and when my next renewal is?”
- **What You *Can* Share:**
  - Some Medi-Cal members have six-month renewals based on their coverage group.
  - You can provide general information about renewal timelines.
- **What You *Can’t* Provide:** Case-specific details such as a member’s exact renewal date or group.
- **What To Do:** Refer members to their local county for individual renewal dates and eligibility information and county staff can review their case and explain their renewal schedule.
- **Key Takeaway:** Provide general information about six-month renewals but refer members to the county for case-specific questions about renewal dates or eligibility.

What to Say/What Not to Say

What to Say:

- Some Medi-Cal members have six-month renewals depending on their coverage group.
- Review your renewal information and respond by the due date.
- Completing your renewal on time helps prevent gaps in coverage.
- For case-specific questions, contact your local county.

What Not to Say:

- Everyone has to renew every six months.
- I can tell you your exact renewal date.
- You don’t need to do anything right now
- Receiving a renewal packet means you’ll lose Medi-Cal.

More Examples

Member Question	What You Can Say	Your Actions	When to Refer
“Why do I have to renew every six months now?”	Some members in the New Adult Group renew every six months; others continue annual renewals.	Explain renewal timelines at a high level.	If members ask why they personally are on a certain renewal cycle.
“I got a renewal form. Does this mean I’m losing Medi-Cal?”	A renewal form does not mean loss of coverage, sometimes more information is needed.	Encourage members to read notices and respond promptly.	If they want to know eligibility or what information the county needs.
“My friend says everyone renews every six months. Is that true?”	Not everyone renews every six months; renewal schedules vary by coverage group.	Reduce confusion and misinformation and support continuity of coverage.	If they ask about their specific renewal date or coverage situation.
			***Refer to the county or appropriate resource.**

Additional Resources

Resources

- ACWDL 22-33: Medi-Cal Redetermination Process
- ACWDL 25-31: Six-Month Renewals for New Adult Group Requirements
- ACWDL 26-14: Updated Guidance on Six-Month Renewal Requirements for New Adult Group

Questions?

Next 2026 Coverage Ambassador Webinar

November 19, 2026